

# Wastewater Arrearage Payment Program

## Application Preview

**THIS DOCUMENT IS FOR INFORMATIONAL USES ONLY. DO NOT COMPLETE THIS FORM.**

**About:** The purpose of this document is to provide a preview of the Wastewater Arrearage Payment Program online application form. Applicants should submit a complete electronic application using the [Online Application Portal](#).

**Funding Application Requirements & Technical Assistance:** The State Water Board may be able to provide technical assistance to help you complete this funding application.

- For questions related to funding application below, please contact the State Water Board at [wwarrearages@waterboards.ca.gov](mailto:wwarrearages@waterboards.ca.gov)
- See also California Water & Wastewater Arrearage Guidelines: Appendix A: ([Wastewater Arrearages guidelines](#)), adopted January 19, 2022.

### APPLICANT INFORMATION

**0. Has the wastewater treatment provider or wastewater billing entity accrued wastewater arrearages during the COVID-19 pandemic billing relief period between 03.04.2020 through 06.15.2021?\***

- Yes
- No

**1. Is the applicant applying as a wastewater treatment provider or wastewater billing entity? Please select from the following options. \***

- Wastewater treatment provider: city, county, special district, or joint powers authority that provides wastewater collection, treatment or disposal services through a publicly-owned treatment works.
- b. Wastewater billing entity: a local government entity (city, county, or special district) that is the designated billing entity for a wastewater treatment provider.
- c. I am Neither a wastewater treatment provider nor a wastewater billing entity

**2. Please select the option below that best describes the wastewater treatment provider.\***

- a. The entity is a publicly-owned treatment works (POTW)
- b. The entity is a collection system discharging into a POTW.

**3. How does the POTW bill customers? \***

- a. The POTW directly bills all customers
- b. The POTW directly bills a subset of customers and a different entity directly bills the remaining customer accounts.

**PLEASE NOTE: QUESTIONS 4 TO 6.5 WILL DEPEND ON THE APPLICANT'S ANSWERS TO QUESTIONS 1 THROUGH 3. QUESTIONS 4 TO 6.5 MAY NOT BE APPLICABLE TO ALL APPLICANTS.**

**4. Please enter the WDID associated with the POTW below. If you do not know the WDID associated with the POTW, please review the Reference List here \*.**

**5. Which POTW(s) does the applicant entity serve? Please enter the associated WDID(s) below. If you do not know the WDID(s) associated with the POTW(s), please review the Reference List here \*.**

**6. Please select if the entity you are applying for wastewater arrearage funding is a collection system or a county, city, joint powers authority, or special district: \***

- ☐ Collection System
- ☐ b. County, city, joint powers authority or special district

**6.1 Please enter the WDID of the collection system below. If you do not know the WDID associated with the collection system, please review the Reference List here \*.**

**6.5 Please provide the name of the organization applying for wastewater arrearages.**

**PLEASE NOTE: QUESTIONS 7 TO 21 ARE REQUIRED FOR ALL APPLICANTS.**

**WASTEWATER ARREARAGE NEEDS**

**7. Please provide your most current total of eligible Residential accounts in arrears. \***

**8. Please provide your most current sum of eligible Residential arrearages (EXCLUDE LATE FEES AND INTEREST). \***

**9. Insert the number of Residential accounts greater than \$600 in arrears during the COVID-19 pandemic billing relief period. \***

**10. Please provide your most current total of eligible Commercial accounts in arrears. \***

**11. Please provide your most current sum of eligible Commercial arrearages (EXCLUDE LATE FEES AND INTEREST). \***

**12. Insert the number of Commercial accounts greater than \$600 in arrears during the COVID-19 pandemic billing relief period. \***

**13. Please indicate if the reported Residential and/or Commercial arrearages include any of the following: \***

- ☐ Customer arrearages that have been transferred to the third-party debt collector.
- ☐ b. Customer arrearages that have been addressed or received funding from the wastewater treatment provider's or wastewater billing entity's customer assistance program.
- ☐ c. None of the above.

**14. Wastewater treatment providers and wastewater billing entities are required to submit this completed [spreadsheet](#) that includes the following information: \***

- a. Customer account number of eligible residential and/or commercial customers in arrears.
- b. The total amount of current qualifying arrears.
- c. Customer zip code.

Use the provided spreadsheet template for a single wastewater treatment provider or wastewater billing entity.

## **MAXIMUM FUNDING ALLOTMENT**

**15. The State Water Board has determined your maximum funding allotment based on the information provided in the previous section.**

## **FUNDING APPLICATION REQUEST**

**16. What is your total wastewater arrearages funding application request? \***

You must comply with all documentation and reporting requirements in the Wastewater Arrearages Guidelines. Please note that the wastewater treatment provider or wastewater billing entity must allocate the funding it receives to offset arrearages in accordance with the Wastewater Arrearages Guidelines and must return any moneys not credited to customers' accounts to the State Water Board within six months of receipt.

## **REQUIRED FUNDING APPLICATION MATERIALS**

### **16.1 Wastewater Treatment Provider or Wastewater Billing Entity Authorized Representative or Designee.**

Please enter in the following information pertaining to the person authorized to represent the wastewater treatment provider or wastewater billing entity and accept wastewater arrearage funding from the State Water Board.

First Name:\*

Last Name:\*

Title:\*

Organization:\*

Business Email:\*

Business Mailing Address 1:\*

Business Mailing Address 2:

City:\*

County:\*

State:\*

Zipcode:\*

Work Phone:\*

Work Cell Phone:

**17. Please attach any applicable documentation to support the authorized representative or designee provided above. Documentation may, but is not required to be provided using the [Authorized Representative Delegation](#) Form.\***

**18. You must download and complete the [Conditions of Payment](#) form. This form must be physically signed by the wastewater treatment provider's or wastewater billing entity's authorized representative or designee. Use the button to attach the completed form and then physically mail in the form:\***

The original, physically signed, copy of the Conditions of Payment form must be mailed to the State Water Board before payment is disbursed. Forms with electronic signatures will not be accepted.

You must mail the wet signed form to:

State Water Resources Control Board  
Division of Financial Assistance  
Water System Arrearage Program  
1001 I Street, 17th Floor  
Sacramento, CA 95814

**19. You must download and complete the [Disbursement Request](#) form. This form must be physically signed by the wastewater treatment provider's or wastewater billing entity's authorized representative or designee. Use the button to attach the completed form and then physically mail in the form:\***

The original, physically signed, copy of the Disbursement Request form must be mailed to the State Water Board before payment is disbursed. Forms with electronic signatures will not be accepted.

You must mail the wet signed form to:

State Water Resources Control Board  
Division of Financial Assistance  
Wastewater Arrearage Program  
1001 I Street, 17th Floor  
Sacramento, CA 95814

**20. Please download and complete the Tax ID form below.**

Government Tax Filing Status: [https://fiscal.ca.gov/wp-content/uploads/2019/08/GovtTINForm\\_000.pdf](https://fiscal.ca.gov/wp-content/uploads/2019/08/GovtTINForm_000.pdf)

Non-Government Tax Filing Status: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

Non-government wastewater systems that would like their remittance sent to the mailing address as provided in Question 19 and have a different address than that provided on the Payee Data Record form STD 204, must also complete and upload this form as well:

<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std205.pdf>

**21. Please certify that the information provided in this wastewater arrearages funding application is true and accurate under penalty of perjury:\***

- I certify that the information provided in this wastewater arrearages funding application is true and accurate under penalty of perjury.